### **FORM D**



## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

| OMB APPROVAL             |              |  |  |  |  |  |  |  |
|--------------------------|--------------|--|--|--|--|--|--|--|
| 0,000,741,1              |              |  |  |  |  |  |  |  |
| OMB Number:              | 3235-0076    |  |  |  |  |  |  |  |
| Expires:                 | May 31, 2005 |  |  |  |  |  |  |  |
| Estimated average burden |              |  |  |  |  |  |  |  |
| hours per respon         | se 16.00     |  |  |  |  |  |  |  |

SEC USE ONLY

DATE RECEIVED

| UNIFORM LIMITED OFFERING EXEM   | PTION   |
|---|---|
| Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Science Applications International Corporation 2003  |   |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment   | ULOE RECEIVED RACESSI   |
| A. BASIC IDENTIFICATION DATA  | == 1 3 2003 FFB 1 9 200   |
| 1. Enter the information requested about the issuer   | 7,00  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  SCIENCE APPLICATIONS INTERNATIONAL CORPORATION  | THOMSON FINANCIAL   |
| Address of Executive Offices (Number and Street, City, State, Zip Code) 10260 CAMPUS POINT DRIVE SAN DIEGO CA 92121   | Telephone Number (Including Area Code)<br>(858) 826-6000                                  |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)   | Telephone Number (Including Area Code)  |
| Brief Description of Business Rresearch and engineering company, providing information technology, systems integration and eSolutions to engineers and scientists work to solve complex technical problems in national and homeland security, energy, t and transportation. | commercial and government customers. SAIC he environment, telecommunications, health care |
| Type of Business Organization    Corporation   limited partnership, already formed   other (pl   business trust   limited partnership, to be formed   | ease specify):  |
| Actual or Estimated Date of Incorporation or Organization:    Month   Year  | DIE 35 33 94  |

#### **GENERAL INSTRUCTIONS**

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Andrews, Duane P. Full Name (Last name first, if individual) 1710 SAIC Drive, McLean, Virginia 22102 Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner □ Director General and/or Managing Partner Beyster, J. Robert Full Name (Last name first, if individual) 1241 Cave Street, La Jolla, California 92037 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Darcy, Thomas E. Full Name (Last name first, if individual) 1241 Cave Street, La Jolla, California 92037 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Demisch, Wolfgang H Full Name (Last name first, if individual) 435 Round Hill Road, Greenwich, Connecticut 06831 Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Check Box(es) that Apply: Beneficial Owner Executive Officer Director General and/or Managing Partner Desch, Matthew J. Full Name (Last name first, if individual) 445 South Street, Morristown, New Jersey 07960 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Downing, Wayne A. Full Name (Last name first, if individual) 11200 Pawnee Road, Peoria, Illinois 61615 Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Fisher, Steven P. Full Name (Last name first, if individual) 1200 Prospect Street, La Jolla, California 92037 Business or Residence Address (Number and Street, City, State, Zip Code)

## A. BASIC IDENTIFICATION DATA (continued)

Foley, Donald H. 1710 SAIC Drive, McLean, Virginia 22102 **Executive Officer and Director** 

Glancy, John E.

11622 El Camino Real, San Diego, California 92130

Executive Officer and Director

Heipt, J. Dennis

10260 Campus Point Drive, San Diego, California 92121

**Executive Officer** 

Inman, Bobby R.

701 Brazos, Suite 500, Austin, Texas 78701

Director

Jones, Anita K.

Dept. of Computer Science, University of Virginia P.O. Box 400740, Charlottesville, Virginia 22904

Director

Kraemer, Jr., Harry M. Jansen

One Baxter Parkway, Deerfield, Illinois 60015

Director

Malone, Claudine B.

7570 Potomac Fall Road, McLean, Virginia 22102

Director

Pavlics, Peter N.

10260 Campus Point Drive, San Diego, California 92121

Executive Officer

Rockwood, Stephen D.

16701 West Bernardo Drive, San Diego, California 92127

Executive Officer and Director

Roper, Jr., William A.

1200 Prospect Street, La Jolla, California 92037

**Executive Officer** 

Rosenberg, Robert A.

1710 SAIC Drive, McLean, Virginia 22102

**Executive Officer** 

Sanderson, Jr., Edward J.

P.O. Box 1368, Rancho Santa Fe, California 92067

Director

Scott, Douglas E.

10260 Campus Point Drive, San Diego, California 92121

Executive Officer

Slotkin, Arthur L.

**Executive Officer** 

1117 Perimeter Center West, Suite E116, Atlanta, Georgia 30338

Snyderman, Ralph

Director

Duke University Medical Center, Box 3701, Durham, North Carolina 27710

## A. BASIC IDENTIFICATION DATA (continued)

Trout, Monroe E. 2110 Cove View Way, Knoxville, Tennessee 37919

Director

Walker, Randy I. 1241 Cave Street, La Jolla, California 92037 **Executive Officer and Director** 

Walkush, Joseph P. 1241 Cave Street, La Jolla, California 92037 **Executive Officer and Director** 

Warner, Jr., John H. 10260 Campus Point Drive, San Diego, California 92121

**Executive Officer and Director** 

Welch, Jasper A 2129 Foothill Road, Santa Fe, New Mexico 87505 Director

Young, A. Thomas 12921 Esworthy Road, North Potomac, Maryland 20878 Director

|     |   |             |               |                      | B. INF               | ORMATIO              | ON ABOU        | T OFFER              | ING                  |                              |                      |                      |             |
|-----|---|-------------|---------------|----------------------|----------------------|----------------------|----------------|----------------------|----------------------|------------------------------|----------------------|----------------------|-------------|
| 1.  | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?   |             |               |                      |                      |                      |                |                      |                      |                              |                      | Yes                  | No          |
| •   |   |             | .,            |                      |                      |                      | Column 2,      |                      |                      | -                            |                      |                      |             |
| 2.  | What is   | the minin   | num investr   |                      |                      |                      |                | _                    |                      |                              | *******              | \$ 86,000            | 0.00        |
|     |   |             |               |                      |                      |                      |                |                      |                      |                              |                      | Yes                  | No          |
| 3.  |   |             |               |                      |                      |                      |                |                      |                      |                              |                      |                      | $\boxtimes$ |
| 4.  | 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. |             |               |                      |                      |                      |                |                      |                      | ne offering.<br>with a state |                      |                      |             |
| Ful | Name (  | Last name   | first, if ind | ividual)             |                      |                      |                | -                    |                      |                              |                      |                      |             |
| N/A |   | Dasidanas   | Address (N    | Issue han and        | Street Cit           | tu Stata 7           | in Code        |                      |                      |                              |                      |                      |             |
| Bus | iness or  | Residence   | Address (N    | umber and            | Street, Ci           | iy, State, Z         | ip Code)       |                      |                      |                              |                      |                      |             |
| Nar | ne of As  | sociated B  | roker or De   | aler                 |                      |                      |                |                      |                      |                              |                      |                      |             |
|     |   |             | <del> </del>  |                      |                      |                      |                |                      |                      |                              |                      |                      |             |
| Sta |   |             | Listed Has    |                      |                      |                      |                |                      |                      |                              |                      |                      |             |
|     | (Check  | "All States | s" or check   | individual :         | States)              | _                    |                | **************       | *************        | ••••••                       |                      |                      | States      |
|     | IL MT RI  | AK IN NE SC | IA NV SD      | KS NH                | CA<br>KY<br>NJ<br>TX | LA NM UT             | ME<br>NY<br>VT | MD<br>NC<br>VA       | MA<br>ND<br>WA       | FL MI OH W V                 | GA<br>MN<br>OK<br>WI | MS OR WY             | MO PA       |
| Ful | l Name (  | Last name   | first, if ind | ividual)             |                      |                      |                |                      |                      |                              |                      |                      |             |
| Bus | siness or   | Residence   | Address (N    | Number and           | d Street, Ci         | ity, State, 2        | Zip Code)      |                      |                      |                              |                      |                      |             |
| Nar | ne of As  | sociated B  | roker or De   | aler                 |                      |                      |                |                      |                      |                              |                      |                      |             |
| Sta | tes in Wi   | nich Persor | Listed Has    | s Solicited          | or Intends           | to Solicit           | Purchasers     |                      |                      |                              |                      |                      |             |
| Sta |   |             | s" or check   |                      |                      |                      |                |                      |                      |                              |                      | □ Al                 | l States    |
|     |   |             | AZ            |                      | CA                   | СО                   |                | DE                   | ·                    | FL                           |                      | Н                    |             |
|     | IL  | IN          | IA            | KS                   | KY                   | LA                   | ME             | MD                   | MA                   | MI                           | GA<br>MN             | MS                   | MO          |
|     | MT  | NE          | NV            | NH                   | NJ                   | NM                   | NY             | NC                   | ND                   | ОН                           | OK                   | OR                   | PA          |
|     | RI  | SC          | SD            | TN                   | TX                   | UT                   | VT             | VA                   | WA                   | wv                           | WI                   | WY                   | PR          |
| Ful | l Name (  | Last name   | first, if ind | ividual)             |                      |                      |                |                      |                      |                              |                      |                      |             |
| Bus | siness or   | Residence   | Address (N    | Number and           | d Street, C          | ity, State,          | Zip Code)      |                      |                      |                              |                      | -                    |             |
|     |   |             |               |                      | , <del>"</del>       |                      |                |                      |                      |                              |                      |                      |             |
| Nar | ne of As  | sociated B  | roker or De   | aler                 |                      |                      |                |                      |                      |                              |                      |                      |             |
| Sta | tes in Wi   | nich Persor | Listed Has    | s Solicited          | or Intends           | to Solicit           | Purchasers     |                      |                      |                              |                      |                      |             |
|     | (Check  | "All State  | s" or check   | individual           | States)              |                      |                |                      | •••••                |                              |                      | A                    | ll States   |
|     | AL IL MT  | AK IN NE SC | AZ IA NV SD   | AR<br>KS<br>NH<br>TN | CA KY NJ TX          | CO<br>LA<br>NM<br>UT | CT ME NY VT    | DE<br>MD<br>NC<br>VA | DC<br>MA<br>ND<br>WA | FL<br>Ml<br>OH<br>W V        | GA<br>MN<br>OK<br>WI | HI<br>MS<br>OR<br>WY | MO PA PR    |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |          |                            |          |  |
|----|--|----------|----------------------------|----------|--|
|    | Type of Security   |          | Aggregate<br>ffering Price | Α        | mount Already<br>Sold                      |
|    | Debt S   | ;        | 0.00                       | \$       | 0.00                                       |
|    | Equity   | <u> </u> | 3,162,800.00               | <b>S</b> | 3,162,800.00                               |
|    | Common Preferred   |          |                            |          |  |
|    | Convertible Securities (including warrants)  | S        | 0.00                       | \$       | 0.00                                       |
|    | Partnership Interests  | <br>     | 0.00                       | \$       | 0.00                                       |
|    | Other (Specify)  | 5<br>5   | 0.00                       | s –      | 0.00                                       |
|    | Total  |          |                            | <u> </u> | 3,162,800.00                               |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |          |                            | _        |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |          | Number<br>Investors        |          | Aggregate<br>Dollar Amount<br>of Purchases |
|    | Accredited Investors   |          | 6                          | \$       | 2,859,300.00                               |
|    | Non-accredited Investors   | _        |                            | \$       |  |
|    | Total (for filings under Rule 504 only)  |          |                            | \$       | N/A  |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |          |                            | •        |  |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |          |                            |          |  |
|    | Type of Offering   |          | Type of<br>Security        |          | Dollar Amount<br>Sold                      |
|    | Rule 505   | _        | N/A                        | <b>S</b> |  |
|    | Regulation A   |          | N/A                        | . \$     | <u>-</u>                                   |
|    | Rule 504   | _        | N/A                        | . \$     |  |
|    | Total  | _        | N/A                        | \$       |  |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |          |                            |          |  |
|    | Transfer Agent's Fees  |          |                            | \$_      |  |
|    | Printing and Engraving Costs   |          |                            | \$_      |  |
|    | Legal Fees   |          |                            | \$_      | 5,000.00                                   |
|    | Accounting Fees  |          |                            | \$       |  |
|    | Engineering Fees   |          |                            | \$       |  |
|    | Sales Commissions (specify finders' fees separately)   |          |                            | \$       |  |
|    | Other Expenses (identify)  |          |                            | \$       |  |
|    | Total  |          |                            | \$       | 5,000.00                                   |

| b. Enter the difference between the aggregate offering price given in response to Part C—Question 1 and total expenses furnished in response to Part C—Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  5. Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C—Question 4.b above.  Payme Office Director Affilial Salaries and fees  Purchase of real estate   \$ Purchase of real estate  |                    |
|--|--------------------|
| each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C—Question 4.b above.  Payments of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C—Question 4.b above.  Payments of the payments of th |                    |
| Offic<br>Directo<br>Affili<br>Salaries and fees  |                    |
| ······································   | ors, & Payments to |
| Purchase of real estate  |                    |
|  | s                  |
| Purchase, rental or leasing and installation of machinery and equipment  |                    |
| Construction or leasing of plant buildings and facilities  |                    |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)   |                    |
| Repayment of indebtedness  |                    |
| Working capital  |                    |
|  | [3_3,137,800.00    |
| Outer (specify).   | LJ <sup>#</sup>    |
|  |                    |
| Column Totals  | \$ 3,157,800.00    |
|  | \$ 3,157,800.00    |
| D. FEDERAL SIGNATURE   |                    |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed un signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  |                    |
| Issuer (Print or Type) SCIENCE APPLICATIONS INTERNATIONAL CORPORATION  Signature  February 12  | 2, 2003            |
| Name of Signer (Print or Type)  Title of Signer (Print or Type)  |                    |
| Douglas E. Scott Senior Vice President and General Counsel   |                    |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

|          | E. STATE SIGNATURE  |  |                              |  |  |  |  |  |  |  |  |
|----------|---|--|------------------------------|--|--|--|--|--|--|--|--|
| 1.       | Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?  |  |                              |  |  |  |  |  |  |  |  |
|          | See A   | opendix, Column 5, for state response.                           |                              |  |  |  |  |  |  |  |  |
| 2.       | The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.   |  |                              |  |  |  |  |  |  |  |  |
| 3.       | The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.   |  |                              |  |  |  |  |  |  |  |  |
| 4.       | The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. |  |                              |  |  |  |  |  |  |  |  |
|          | ner has read this notification and knows the conte<br>thorized person.  | nts to be true and has duly caused this notice to be signed on i | ts behalf by the undersigned |  |  |  |  |  |  |  |  |
| Issuer ( | Print or Type)  | Signature Date   |                              |  |  |  |  |  |  |  |  |
|          | E APPLICATIONS INTERNATIONAL RATION   | February 12  | 2, 2003                      |  |  |  |  |  |  |  |  |
| Name (1  | Print or Type)  | Title (Print of Type)  |                              |  |  |  |  |  |  |  |  |
| Douglas  | Oouglas E. Scott Senior Vice President and General Counsel  |  |                              |  |  |  |  |  |  |  |  |

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

|       |                    |   |  | APPI                                 | ENDIX  |  |              |     |    |  |
|-------|--------------------|---|--|--------------------------------------|--|--|--------------|-----|----|--|
| 1     | Intend<br>to non-a | d to sell<br>accredited<br>rs in State<br>3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |  |              |     |    |  |
| State | Yes                | No  |  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount       | Yes | No |  |
| AL    | X                  |   | Equity - Common<br>1,028,000   | 5                                    | \$851,000.00   | 2  | \$177,000.00 |     | ×  |  |
| AK    |                    | ×   |  | _                                    |  |  |              |     |    |  |
| AZ    |                    | ×   |  |                                      |  |  |              |     |    |  |
| AR    |                    | ×   |  |                                      |  |  |              |     |    |  |
| CA    |                    | ×   |  | _                                    |  |  |              |     |    |  |
| СО    |                    | ×   |  |                                      |  |  |              |     |    |  |
| СТ    |                    | X   |  |                                      |  |  |              |     |    |  |
| DE    |                    | ×   |  |                                      |  |  |              |     |    |  |
| DC    |                    | X   |  |                                      |  |  |              |     |    |  |
| FL    | - <u>-</u>         | X   | 70   |                                      |  |  |              |     |    |  |
| GA    |                    | X   |  |                                      |  |  |              |     |    |  |
| ні    |                    | X   |  |                                      |  |  |              |     |    |  |
| ID    |                    | X   |  |                                      |  |  |              |     |    |  |
| IL    |                    | ×   |  |                                      |  |  |              | ,   |    |  |
| IN    |                    | X   |  |                                      |  |  |              |     |    |  |
| IA    |                    | X   |  |                                      |  |  |              |     |    |  |
| KS    |                    | X   |  |                                      |  |  |              |     |    |  |
| KY    |                    | X   |  |                                      |  |  |              |     |    |  |
| LA    |                    | ×   |  |                                      |  |  |              |     |    |  |
| ME    |                    | ×   |  |                                      |  |  |              |     |    |  |
| MD    |                    | ×   |  |                                      |  |  |              |     |    |  |
| MA    |                    | X   |  |                                      |  |  |              |     |    |  |
| MI    |                    | X   |  |                                      |  |  |              |     |    |  |
| MN    |                    | X   |  |                                      |  |  |              |     |    |  |
| MS    |                    | ×   |  |                                      |  |  |              |     |    |  |

| APPENDIX |                    |  |  |                                      |  |  |              |     |    |  |
|----------|--------------------|--|--|--------------------------------------|--|--|--------------|-----|----|--|
| 1        | Intend<br>to non-a | l to sell<br>ccredited<br>s in State<br>-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) |                                      | Type of investor and amount purchased in State (Part C-Item 2) |  |              |     |    |  |
| State    | Yes                | No   |  | Number of<br>Accredited<br>Investors | Amount   | Number of<br>Non-Accredited<br>Investors | Amount       | Yes | No |  |
| МО       |                    | ×  |  |                                      |  |  |              |     |    |  |
| МТ       |                    | ×  |  |                                      |  |  |              |     |    |  |
| NE       |                    | X  |  |                                      |  |  |              |     |    |  |
| NV       |                    | X  |  |                                      | -  |  |              |     |    |  |
| NH       |                    | ×  |  |                                      |  |  |              |     |    |  |
| NJ       |                    | ×  |  |                                      |  |  |              |     |    |  |
| NM       |                    | X  |  |                                      |  |  |              |     |    |  |
| NY       |                    | ×  |  |                                      |  |  |              |     |    |  |
| NC       |                    | ×  |  |                                      |  |  |              |     |    |  |
| ND       |                    | X  |  |                                      |  |  |              |     |    |  |
| ОН       |                    | X  |  |                                      |  |  | .,           |     |    |  |
| ок       |                    | X  |  |                                      |  |  |              |     |    |  |
| OR       |                    | X  |  |                                      |  |  |              |     |    |  |
| PA       |                    | ×  |  |                                      |  |  |              |     |    |  |
| RI       |                    | ×  |  |                                      |  |  |              |     |    |  |
| sc       |                    | X  |  |                                      |  |  |              |     |    |  |
| SD       |                    | X  |  |                                      |  |  |              |     |    |  |
| TN       | X                  |  | Equity - Common<br>2,134,800   | 1                                    | \$2,008,300.0<br>0   | 1  | \$126,500.00 |     | X  |  |
| TX       |                    | ×  |  |                                      |  |  |              |     |    |  |
| UT       |                    | ×  |  |                                      |  |  |              |     |    |  |
| VT       |                    | ×  |  |                                      |  |  |              |     |    |  |
| VA       |                    | X  |  |                                      |  |  |              |     |    |  |
| WA       |                    | ×  |  |                                      |  |  |              |     |    |  |
| wv       |                    | ×  |  |                                      |  |  |              |     |    |  |
| WI       |                    | X  |  |                                      |  |  |              |     |    |  |

| ·     |          |   |   | APPE                                 | NDIX                                |   |        |   |    |
|-------|----------|---|---|--------------------------------------|-------------------------------------|---|--------|---|----|
| 1     |          | 2   | 3  Type of security   |                                      | 5 Disqualification under State ULOE |   |        |   |    |
|       | to non-a | to sell<br>accredited<br>is in State<br>3-Item 1) | and aggregate offering price offered in state (Part C-Item 1) |                                      | amount pu                           | Finvestor and crchased in State t C-Item 2) |        | (if yes, attach<br>explanation of<br>waiver granted)<br>(Part E-Item 1) |    |
| State | Yes      | No  |   | Number of<br>Accredited<br>Investors | Amount                              | Number of<br>Non-Accredited<br>Investors    | Amount | Yes   | No |
| WY    |          | ×   |   |                                      |                                     |   |        |   |    |
| PR    |          | X   |   |                                      |                                     |   |        |   |    |